SUPPLEMENTARY APPENDIX: Supplementary material

Table A: Search String - PUBMED

Platform: PUBMED	
Database: PUBMED	
#	**STRING**
1	Search (((europ*[Title/Abstract]) OR "health outcomes"[Title/Abstract]) OR health?care[Title/Abstract]) OR "public health"[Title/Abstract]
2	Search ((("economic crisis"[Title/Abstract]) OR "financial crisis"[Title/Abstract]) OR austerity[Title/Abstract]) OR recession[Title/Abstract]
3	Search (impact[Title/Abstract]) OR effect*[Title/Abstract]
4	Search ((((((europ*[Title/Abstract]) OR "health outcomes"[Title/Abstract]) OR health?care[Title/Abstract]) OR "public health"[Title/Abstract])) AND ((((("economic crisis"[Title/Abstract]) OR "financial crisis"[Title/Abstract]) OR austerity[Title/Abstract]) OR recession[Title/Abstract])) AND ((impact[Title/Abstract]) OR effect*[Title/Abstract])
5	Search ((((((europ*[Title/Abstract]) OR "health outcomes"[Title/Abstract]) OR health?care[Title/Abstract]) OR "public health"[Title/Abstract])) AND ((((("economic crisis"[Title/Abstract]) OR "financial crisis"[Title/Abstract]) OR austerity[Title/Abstract]) OR recession[Title/Abstract])) AND ((impact[Title/Abstract]) OR effect*[Title/Abstract]) Filters: Publication date from 2008/01/01 to 2015/12/31

Table B: Summary of studies included in the review, by health outcome (N=41)

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
Aguilar-Palacio et al., 2015	Spain	2006 and 2011/12	2011/12	Time, employment	Cross-sectional Spanish National Health Surveys (2006 and 2011/12) for 16–24 years old.	Chi square tests and multivariate logistic regressions	SRH, diagnosed morbidity and mental health.	After adjusting for age and stratified by gender in 2012 as compared to 2006: - Poor SRH reduced significant for women (OR=0.52, CI 95% 0.38-0.71, *p statistically significant but no actual level given)*. For men the results were not significant. - Diagnosed morbidity for women reduced significant (OR=0.55, CI 95% 0.45-0.67, *p statistically significant but no actual level given*). For men the results were not significant. - Mental health (GHQ-12) for women improved (OR=0.61, CI 95% 0.47-0.79, *p statistically significant but no actual level given)*. For men the results were not significant. When the time of unemployment was considered in men a higher risk of mental illness was observed with long time of

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								unemployment (OR=2.33; CI 95% 1.09-4.99) with respect to workers. Poor SRH reduced in 2012 with respect to 2006 in men (OR 0.61, CI 95% 0.39-0.94) and in women (OR=0.51, CI 95% 0.37-0.70). Diagnosed morbidity improved for women (OR=0.54, CI 95% 0.44-0.67) and so did mental health (OR=0.60, CI 95% 0.46-0.78). *Note: these results were significant but the exact p value is not reported.*
Antonakakis and Collins	Greece	1968-2011	Post 2008	Government expenditure, budget deficit, tax revenues, unemployment	1968-2009 from WHO Mortality Database; 2010 figures from Kentikelenis et al (2011) and 2011 figures from Kathimerini (2012) a Greek newspaper which cites police records.	Multivariate regressions	Suicide rates	A 1% decrease in government expenditure leads to a 0.3% increase on overall suicide rates in Greece. Although the estimation results for male suicide rates are not substantially different from those of the overall suicide rates, real per capita GDP growth and fiscal austerity measures do not have a significant effect on female suicide rates.
Astell-Burt and Feng, 2013	UK	2006-2010	Post 2008	Unemployment	Data from the UK Quarterly Labour Force Survey for 16-64 year olds.	Multivariate logistic regressions	Self-reported mental health, cardiovascular and respiratory problems.	As compared to the pre-crisis period (2006), Jan-Mar 2008 reported increased prevalence of cardiovascular conditions by 0.2%,

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								depression by 0.2% and mental illness by 0.1%. Fully-adjusted association between unemployment and each type of health problem was as follows (*unclear if these refer to post 2008 period only or they cover the whole period*): i) respiratory health problems OR: 1.20 (95% CI 1.16, 1.24); ii) cardiovascular health problems OR: 1.05 (95% CI 1.01, 1.09); iii) depression OR: 2.98 (95%CI 2.85, 3.10); and iv) mental illness OR: 3.18 (95% CI 2.98, 3.38).
Barr et al., 2012	England	2000-2010	Post 2008		Unemployment based on claimant data and suicides based on data from the National Clinical Health Outcomes Database	Time trend analysis and multivariate regression models	Suicide rates	Between 2008 and 2010, there were 846 (95% confidence interval 818 to 877) more suicides among men than would have been expected based on historical trends, and 155 (121 to 189) more suicides among women. Historically, short term yearly fluctuations in unemployment have been associated with annual changes in suicides among

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								men but not among women. The study estimated that each 10% increase in the number of unemployed men was significantly associated with a 1.4% (0.5% to 2.3%) increase in male suicides.
Barr et al., 2015	England	2004-2013	Post 2009	Unemployment	Quarterly Labour Force surveys (QLFS) that includes a rolling panel sample for 18-59 years old.	Segmented linear regression	Mental health	During 2004-2013, for each 1% increase in unemployment, the prevalence of mental health problems increases by 0.15% [95% CI 0.08 to 0.23] and for each £10 decline in median weekly wages, the prevalence of mental health problems increased by 0.03% [95% CI 0.004 to 0.06]. However, only 36% of the increase in mental health problems post 2009 could be explained by rising unemployment or declining wages.
Bartoll et al., 2014	Spain	2006 and 2011/2012	2011/2012	Time	Cross-sectional Spanish National Health Surveys (2006 and 2011/12).	Multivariate Poisson regressions	Mental health	The prevalence of poor mental health among men showed a 15% increase in 2011–2012 compared with that in 2006–2007 (PR = 1.15, 95%CI 1.04–1.26). This increase was relatively larger in men in the 35–44 (PR=1.24, 95%CI 1.04–1.47) and 45–54 years age groups (PR=1.29, 95%CI 1.07-1.55),

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								those in social class IV (PR=1.23, 95%CI 1.07-1.40), those with primary or secondary education (PR=1.29, 95 %CI 1.02–1.62; PR=1.27, 95%CI 1.07–1.49, respectively), foreigners (PR = 1.33, 95%CI 1.00–1.77) and breadwinners (PR=1.15, 95%CI 1.03–1.28). However, these associations disappeared after adjusting for age and working status. Among women, the adjusted prevalence of poor mental health decreased overall (PR = 0.89, 95%CI 0.84–0.95, p<0.001), and was associated with Spain as the country of birth (p<0.01) and non-breadwinner (p<0.001).
Bartoll et al., 2015	Spain	2001-2012	Post 2011/12	Time, employment	Cross-sectional Spanish National Health Surveys (2001, 2003/04, 2006/07 and 2011/12).	Multivariate linear regression	Self rated health	The probability of good self-reported health increased for men by 7.6% (p<0.01) in 2011/12 and by 9.6% (p<0.01) for women. Employed men did better than unemployed but there was no effect of unemployment on women.
Branas et al., 2015	Greece	1983 - 2012	Post 2008	Time	National suicide rates (monthly by sex) from	Interrupted time-series	Suicide rates	In June 2011, overall suicide rates increased by 35.7%

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					ELSTAT.	analysis.		($p<0.001$) and among men by 18.5% ($p<0.01$). In May 2011, suicides increased for women by 35.8% ($p<0.05$).
Chang et al., 2013	54 countries (Including 27 European countries)	2000-2009. Data for 2010 available for some countries.	Post 2008	Time	Suicide rates for over 15 years old from the WHO Mortality Database. Data for 2010 available for only 20 European countries.	Time trend analysis (comparing actual number of suicides in 2009 with expected number based on pre-recession period).	Suicide rates	For men, suicides increased in 2009 by 4.2% i.e. 2937 excess suicides ($p<0.001$), with the highest increase in the 15-24 age group (11.7%, $p<0.001$). Out of 27 European countries, 24 showed an increase in male suicides ($p<0.05$), with Poland showing the largest increase in absolute number of excess suicides (763, $p<0.001$). For women, there was no change.
Corcoran et al., 2015	Ireland	Suicide deaths (1980-2012) and self-harm suicide (2004-2012).	Post 2008	Time	Suicide deaths from the Irish Central Statistics Office and self-harm presentation to hospital from the Irish National Registry of Deliberate Self Harm for over 15 years old	Interrupted time series analyses (comparing actual incidence in 2009 with expected incidence based on pre-recession period).	Suicides rates and self-harm	The downward trend of declining suicide rates for men during 2000 to 2007 (-0.2 per 100,000 per quarter, $p<0.001$) reversed in 2008 and suicide rates started increasing (0.3 per 100,000 per quarter, $p=0.006$). By end of 2012, male suicide rate was 57% higher than if the pre-recession trend had continued (i.e. 476 excess suicide, $p<0.001$). . Men aged 25–64 years were affected by higher suicide

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								with the greatest effect observed in 25–44 year-olds. Rate for male self-harm was also 31% more (i.e. 5029 excess incidences of self-harm, $p<0.05$), mainly among the 25-64 age groups. For women, there was no change in suicide rates but self-harm rates were 22% higher than if the pre-recession trend had continued (i.e. 3833 excess incidences of self-harm, $p<0.05$). The increase in self-harm by women was in 15–24 year-olds.
Coope et al., 2014	UK (England and Wales)	2001-2011	Post March 2008	Insolvencies, house repossessions, unemployment, redundancy. Time	Suicide rates from the Office for National Statistics and economic data from the UK Insolvency Service, Ministry of Justice and ONS Labour Force Survey for 16-64 years old.	Joinpoint regression analysis	Suicide rates	For men, overall no change in the quarterly age-standardised suicide rates after the crisis. Declining suicide rates halted in 2006 for 16-24 and 25-34 years-old ($p<0.05$). Suicide rates increased for 35-44 age groups until 2008 (not significant), declined during 2008-2010 (-2.1% quarterly change, $p<0.05$) and then increased after 2010 (+2.6%, $p<0.05$). For 45-54 and 55-64 age groups suicide rates steadily increased throughout 2001-2011(+ 0.5% and + 0.4%, $p<0.05$) with no

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
								marked change after/during the recession. For women, overall no change in suicide rates (results not shown). *Results for other exposure variables are not clearly reported.*
Córdoba-Doña et al., 2014	Spain (Andalucía)	2003-2012	Post 2008	Time Unemployment	Data on suicide attempts attended by 15-64 year old at emergency services from the Health Emergencies Public Enterprise Information System (SIEPES)	Negative binomial and fixed effects linear regressions.	Suicide attempts	Assuming that the pre-recession trends continued, during 2008-2012, there was an excess of 4989 (95%CI 1985-8013) suicide attempts, 2017 (95%CI 87-3987) in men and 2972 (95%CI 1878-4075) in women. Further, the increase in suicide attempts during 2008-2012 was associated with increased unemployment rates for men but not for women.
Curl and Kearns 2015	Scotland (Glasgow)	2006, 2008 and 2011	Post 2008	Time	Cross-sectional household surveys with a nested longitudinal cohort.	Binary logistic regressions and correlation analysis.	Mental health	Poor mental health associated with increased affordability difficulties throughout 2006-2011. Overall, affordability difficulties static or declined overtime, but increased for at-risk groups. Mental health also worsened during the recession. *(Results not reported clearly*

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								to extract effect sizes)
De Vogli et al., 2014	Italy	2000-2010 (excluding 2004 and 2005)	Post 2008	Unemployment, GDP	Data on standardized death rates from Italian Health for All database. Annual data on GDP and unemployment from the Italian Institute of National Statistics.	Fixed effects linear regressions (comparing actual rates with expected based on pre-recession period).	Mortality from mental health disorders	Crisis resulted in an additional 0.303 per 100,000 deaths per year (95% CI: 0.192 – 0.0.478, p=0.001) i.e. 548 excess deaths due to mental and behavioural disorders. Further, income losses during the recession was associated with 0.2% excess deaths (i.e. 123 deaths and 22.4% of the excess deaths) and unemployment was associated with 0.15 per 100,000 deaths (i.e. 90 deaths and 16.4% of the excess deaths). .
Drydakis 2015	Greece	2008-2013	Post 2010	Unemployment	Data from the Longitudinal Labour Market Study (LLMS) conducted via telephone with 18-65 years old in the workforce.	Fixed effect logit regressions.	SRH (possible range of scores is 1-5, with higher scores (5) indicating poor health) and mental health	For the 2008-2013 period, results show that unemployed people face more impaired health than do employed people (3.21 versus 2.48, t=8.34, p<0.001). In addition, unemployed people face more negative mental health symptoms than do employed people (12.67 versus 9.39, t=12.28, p<0.001). Importantly, the health difference between unemployed and employed individuals is smaller (2.97-2.28=0.69) in the 2008-

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								2009 period than for the same group of individuals during the 2010-2013 period (3.48-2.52=0.96). The assigned difference between the periods is statistically significant (t=10.14, p=0.00). There is a negative unemployment effect on health on the order of 0.53 percentage points (or 0.18%). Women are affected more than men. Mental health: During 2008-2013, unemployment was associated with 3.2 percentage points (p<0.001) increase in poor mental health among men. This association increased in the post-crisis period from 3 to 4.9 percentage points (p<0.001). Moreover, post-crisis, unemployment due to firm closures was associated with poorer mental health than compared to in 2008-2009 (2.76 vs 4.16 percentage points, p<0.001).

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								Among women, unemployment increased poor mental health from 4.3 to 7.3 percentage points ($p<0.001$), and for unemployment due to firm closures, from 4.1 to 6.7 percentage points ($p<0.001$). Hence, women's mental health was more adversely affected by unemployment than men's.
Economou et al., 2013	Greece	2008 and 2011	2011	Time	Cross-sectional telephone surveys with 18-69 years old.	Correlation analysis and logistic regression.	Mental health	One-month prevalence of depression was higher in 2011 than in 2008: 8.2% vs 3.3% ($p<0.0001$). In terms of risk estimates, the odds of suffering from major depression was 2.6 times greater in 2011 than in 2008 (OR=2.6, 95%CI: 1.97-3.43).
Eiríksdóttir et al., 2013	Iceland	2006-2009	Post October 2008	Time	Data from the National Icelandic Birth Registry on 16,271 women who had live, singleton births during 2006-2009.	Logistic regression analysis.	Infant health	Rates of infants born with low birth weight increased from 2.5% before the crisis to 3% after the crisis. When controlling for age, parity and seasonality the increase is significant (aOR=1.25 95% CI [1.02, 1.53]. The increase is no longer significant when controlling for more mediating variables.

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								There is no significant change in small gestational age and preterm births.
Eiríksdóttir et al., 2015	Iceland	2005-2012	Post October 2008	Time, unemployment rate	35,211 women whose pregnancies resulted in live singleton births. Data on pregnancy-induced hypertensive disorders from the Icelandic Birth Registry.	Logistic regression analysis.	Maternity health	Increased prevalence of gestational hypertension in the first year following the economic collapse (2.4% vs 3.9%; aOR 1.47; 95% CI 1.13-1.91) but not in the subsequent years. The association disappeared when the authors adjusted for aggregate unemployment rate. Similarly, there was an increase in prescription fills of β-blockers in the first year following the collapse (1.9% vs.3.1%; aOR 1.43; 95% CI 1.07–1.90), which disappeared after adjusting for aggregate unemployment rate (aOR 1.05; 95% CI 0.72–1.54). No changes were observed for preeclampsia or use of calcium channel blockers between the pre- and post-collapse periods.
Ferrarini et al., 2014	23 European countries	2006 and 2009	2009	Time	Longitudinal panel SRH on 18-64 years old from EU Statistics on Income & Living Conditions and unemployment insurance data from Social Policy	Hierarchical logistic conditional change models	SRH	Unemployment insurance reduced transitions into deteriorating SRH during recession.

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					Indicator database.			
Fountoulakis, Kawohl et al., 2014b	29 European countries	2000-2011	Varies per country and depends on the exposure variable	Unemployment, GDP per capita, growth rate	Data from official national statistics agencies of countries.	Correlation analysis and random effects regressions	Suicide rates	Although correlation is evident, temporal relationships do not support a direct link between the crisis and suicide rates. Overall, higher suicides associated with higher unemployment and lower growth rate, not with GDP per capita. For men, higher suicides associated with higher unemployment and lower growth rate, not with GDP per capita. For women, suicides associated with only unemployment.
Gili et al., 2013	Spain	2006/7 and 2010/11	2010/11	Unemployment, mortgage, repayment difficulties	Repeated cross-sectional surveys of patients attending primary care centres.	Multivariate linear probability regressions and Levin's formula to calculate population attributable risks.	Mental health (major and minor depression, alcohol abuse and dysthymia)	Unemployment associated with major depressive disorders in both 2006 (OR=1.54, $p<0.001$) and 2010 (OR=1.72, $p<0.001$), with minor depressive disorders in 2010 (OR=1.20, $p<0.01$) and dysthymia in 2006 (1.84, $p<0.001$). In 2010, family-level unemployment was strongly correlated to all mental

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								health disorders and mortgage repayment difficulties with major depression.
Gotsens et al., 2015	Spain	2006 and 2012	2012	Time	Repeated cross-sectional Spanish National Health Surveys for 15-64 years old. In 2006 23760 individuals were interviewed, while in 2012 there were 16 616.	Poisson regressions were used to obtain prevalence ratios (PR) for each year.	SRH, mental health, chronic activity limitation and psychotropic drugs	In both survey years, the immigrant population having arrived before 2006 presents worse self-rated health than natives (men: PR_{2006} = 1.32, PR_{2012} = 1.28 and women: PR_{2006} = 1.39, PR_{2012} = 1.56). After adjustment for the other variables, this probability attenuates in men but remains significant in women (*No p values reported)*. The probability of poor self-rated health in immigrant women, with respect to native women, was greater in 2012 than in 2006 (in all models), the interaction being significant when overcrowding (*P* value = 0.02) and social support (*P* value = 0.021) are introduced. Not significant for chronic activity limitation (PR_{2006} = 0.55; 95% CI: 0.39–0.77, PR_{2012} = 0.73; 95% CI: 0.49–1.10). For mental health, prevalence of poor mental health more

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
								among migrant men (PR_{2006} = 1.10; 95% CI: 0.86–1.40, PR_{2012} = 1.34; 95% CI: 1.06–1.69). Not significant for women.
Hessel et al., 2014	Greece and Ireland	2006-2010	Post 2008 for Ireland Post 2009 for Greece	Time	Five rounds of European Union Statistics of Income and Living Conditions.	Logistic regressions with DID, using Poland as control.	SRH	While Poland witnessed a continuing decline in the odds of poor health after the financial crisis, trends were significantly less favourable in Greece as indicted by the DID estimate that compared health between 2006-2008 and 2009-2010, (OR=1.22, 95%CI 1.11, 1.33). In contrast, there was no evidence that the financial crisis influenced health trends in Ireland. The DID estimate was 0.98 (95% CI 0.82, 1.17) for a comparison of health between 2006-2008 and 2009-2010 with respect to the control population.
Huiits et al., 2015	27 European countries	2007-2009	Post 2008	Employment status	EU Survey on Income and Living Conditions (EU SILC)	Linear regression models	Self-reported health	Job loss during the crisis was associated with worse SRH in both men (b=0.12, 95% CI: 0.09-0.15) and women (b=0.13, 95% CI: 0.10-0.16). Women who regained employment within a 1 year had similar health to those who did not lose jobs.

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								Instead men who regained employment had an enduring health disadvantage compared to those who had not lost jobs (b=0.11, 85% CI: 0.05-0.16)
Katikireddi et al., 2012	UK (England)	1991-2010	Post 2008	Unemployment	Repeated cross-sectional Health Surveys for England for working age (25–64 years) population.	Logistic regressions	Mental health	For women, no statistical change in the prevalence of poor mental health after 2008. For men, prevalence of poor mental health increased by 5% in 2009 (p<0.001) and by 3% in 2010 (p=0.001) as compared to 2008, after adjusting for age, employment & education status.
Kontaxakis et al., 2013	Greece	2001-2011	Post 2008	Time	National suicide rates from ELSTAT for over 16-years old.	Correlation analysis	Suicide rates	As compared to 2001-2007, overall suicide rate increased in the crisis period (from -3.9% to +27.2%). This increase was found significant for men (from -8.4% to +26.9%, p=0.047) but not for women. For men, suicide rates increased during the crisis for age groups 30-34 (p=0.02), 45-49 (p=0.02) and 50-54 (p=0.006), and decreased for age group 60-64 (p=0.03).

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
								Results of statistical tests not clearly reported.
Laanani et al., 2015	8 Western European countries (Austria, Finland, France, Germany, Netherlands, Spain, Sweden & UK)	2000-2010	Post 2008	Time Unemployment	Unemployment and suicide rates by sex, age group, country and year from Eurostat dataset.	Quasi-Poisson regression and sensitivity analysis	Suicide rates	Suicides increased in the crisis period by 3.3% ($p<0.001$). This increase was significant in Germany (7.4% increase, $p<0.001$), Netherlands (0.7%, $p<0.01$) and UK (7.4%, $p<0.01$). Assuming pre-crisis trend in unemployment continued, unemployment variation during crisis accounted for 564 excess suicides in France (CI 277-845), 57 in Netherlands (CI 9-104) and 456 in UK (CI 126-763). During 2000-2010, suicides increased by 0.3% for a 10% increase in unemployment ($p<0.05$). The increase was significant in France (2%, $p<0.001$), Netherlands (0.7%, $p<0.05$) and UK (1%, $p<0.05$)..
Lopez Bernal et al., 2013	Spain	2005-2010	Post April 2008	Time	Suicide rates from Spain's national statistics institute (INE)	Interrupted time-series analysis with stratification	Suicide rates	Overall, suicide rates increased by 8% after the crisis (p=0,030).

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						.		Evidence of increase found in the Mediterranean area (Rate Ratio (RR) =1.09, p=0.037) and among men (RR=1, p=0.007.
Madianos et al., 2014	Greece	1990-2011	Post 2007	Public debt, unemployment rates	Suicide and population data from the Hellenic Statistical Authority (HSA) and Eurostat.	Correlation analysis	Suicide rates	Unemployment associated with increased suicide rates. Not correlation if recession variables is public debt
Malard et al., 2015	France	2006 and 2010	2010	Time	Panel data from a prospective national survey of 20-74 year-old French workers.	GEE for logistic regression	Mental health	Overall no change in prevalence of Major Depressive Episode (MDE) and Generalized Anxiety Disorder (GAD) in 2010. For women, GAD increased by 7.4% (OR=1.74, 93%CI: 1.2-2.6) for only those working in the public sector. For men, overall no change. MDE increased by 2.3% (p=0.04) in 2010 for men in general population and doubled (p=0.03) for men who became unemployed (excluding retirement).
Rachiotis et al., 2015	Greece	2003-2012	Post 2011	Time Unemployment	Suicide data from the Hellenic Statistical Authority (HSA) and unemployment and GDP data from OECD.	Correlation and regression analysis	Suicide rates	Overall, suicide rate increased after 2010 by 35% from 3.35 to 4.42 per 100,000 population (p<0.01). An estimated 2.23 rise (95% CI 1.37-3.10) was attributable to job loss linked

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								to austerity, which largely accounted for the overall suicide increase in working-age men. Among men suicides increased by 29% (from 5.75 to 7.43, p<0.01) and among women by 33% (from 1.17 to 1.55, p=0.03), with the highest increase among working men aged 20-59 (from 6.58 to 8.81 (p<0.01). For women, the highest increase was among 20-59 year-old (from 1.37 to 1.84).
Rajmil et al., 2013	Spain (Catalonia)	2006 and 2010-12	2010-12	Time, employment status	Repeated cross-sectional Catalan Health Survey of children (<15 years). 2200 children participated in 2006 and 1967 in 2010-12.	Before-after comparisons and multivariate regression analysis.	Mental health, SRH, chronic condition, obesity, HRQOL	KS-10 (measuring HRQL) showed higher mean scores (better) in 2010–2012 (85.4; 84.4 to 86.0) compared with 2006 (81.0; 80.7 to 81.7), but lower scores in children with a maternal primary education (82.4; 80.6 to 84.1) and unemployed families (83.34; 81.89 to 84.9). Scores on TDS-SDQ (measuring mental health) were slightly lower (better) in 2010–2012, but differences have remained in relation to maternal education and employment

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
								status.
Reeves et al., 2014	20 EU countries	1981-2011	Post 2008	Unemployment	Age-standardized suicide rates for men from WHO Human Mortality Database and economic data from OECD and EuroStat.	Multivariate regressions adjusting for pre-existing time trends and country FEs.	Male suicide rates	Assuming the pre-recession linear trends had continued, there were 6998 excess male suicides overall. Of these, 1077 (15%) were attributable to the rising unemployment. Further, spending on active labour market programmes (ALMP) prevented 540 (50%) suicides and high levels of social capital prevented an additional 210 (19%) suicides. *(CIs, p-values etc. not reported)* During 1981-2011, each percentage point rise in male unemployment was associated with a 0.94% rise (95% CI: 0.51-1.36, $p<0.001$) in suicide rate. This association was primarily concentrated in the working-age men (25-64years), where each percentage point increase in unemployment was associated with 1.39% (95%CI: 0.53-2.24) rise in suicides. No effect was found among over 65+ and under 16 years old. *(It was reported whether these trends changed post 2008)*

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Reeves et al., 2015	21 EU countries	1991-2012	Post 2007	Public health expenditure, GDP	Data on tuberculosis detection and treatment success rates from WHO TB database and economic data from EuroStat.	Multivariate regressions and simulations	Tuberculosis	During 2007-2012 there was no significant association between social protection spending and case detection of TB (-0.59 for a US$100 increase in social protection spending (-1.31 to 0.14, p=0.1066).
Regidor et al., 2014	Spain	1995-2011	Post 2008	Time. GDP adjusted for purchasing power parity (PPP) is presented but not accounted for in the analysis	Data on mortality for 0-74 years old, SRH for 16-74 years old, and incidence of diagnosed HIV infections from national registries and National Health Survey.	Joinpoint regression and average annual percent change analysis	Mortality rate, SRH and diagnosed HIV infections	Mortality from several causes fell during recession with the greatest decline in traffic injuries and illicit drug-induced deaths. Prevalence of poor-SRH declined during recession by 5.7% (significance level not reported) HIV incidents were reduced (-1%) but the effect was not significant.
Reile et al., 2014	Estonia, Lithuania and Finland	2004-2010	Post 2008	Time	Data on 20-64 years-old from repeated cross-sections postal surveys.	Logistic regressions using Finland as a control.	SRH	During the period of economic crisis in 2008-2010, the prevalence of poor health increased to 52% in Estonia and to 48% in Lithuania. Although the increase was not statistically significant, it marked the end

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
								of the previous positive trend of improving health status. A small and statistically insignificant increase occurred in 2008-2010 in Finland. For the 2008-2010 recession period, a slight and statistically non-significant increase was observed in the overall prevalence of less-than-good health among men in all countries. In 2008-2010, a small and non-significant increase in the prevalence of less-than-good health was found among women in Estonia and Lithuania, whereas the prevalence slightly decreased among Finnish women. .
Saurina et al., 2013	England	1993-2010	Post 2008	Year	Annual suicide data for ≥15 year olds from UK ONS and employment data (2000-2010) for 16-74 year olds from Eurostat.	Hierarchical mixed models	Suicide rates	County-level: no change in suicide rates after 2008 for both men and women. Regional-level: For men, suicide rate (per 100,000 population) in North East (+1.8, CI 0.3-3.2) and North West (+2.0, CI 0.7-3.3) and decreased in East of England (-1.6, CI -2.7 to -0.6).. For

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								women, suicide rate increased in North West (+0.5, CI 0.1-0.8) and decreased in West Midlands (-0.3, CI -0.7to -0.02) and East of England (-0.5, CI -0.9 to -0.2)
Tapia Granados and Rodriguez, 2015	Greece, Finland, Iceland	1990-2012	Post 2008	Time	Latest data available on life expectancy, mortality, incidence of infectious diseases, vaccination rates, SRH from WHO or other reputed source.	Multivariate regressions	All cause and cause-specific mortality, suicide rate, HIV incidence and other health indicators.	Most indicators of population health continued improving during 2008-2012 as compared to 2003-2007, in the three countries including life expectancy, mortality rates, TB incidence and mortality, cause-specific mortality (CVD, respiratory, HIV, cancers, transport injuries and infectious diseases.. Suicide rates increased in Greece (p=0.044) but there was no change in Finland and Iceland. Mortality due to mental diseases worsened in Finland (p=0.047) but remained unchanged in Greece and Iceland. *No effect sizes reported.*
Vandoros et al., 2013	Greece (Poland as control)	2006-2009	Post 2009	Time	Data from the EU Statistics on Income and Living Conditions Surveys	DID with Poland as control	SRH	While Poland continued to experience declines in the odds of self-rated health after the financial crisis, Greece experienced significantly less favourable trends than

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								Poland. For example, while the odds of poor self-rated health declined by 10% (OR, 0.91; 95% CI, 0.86–0.95) after the financial crisis in Poland, there was a significant positive interaction between trend and country (OR, 1.16; 95% CI, 1.04–1.29), indicating less favourable health trends in Greece as compared with Poland after the financial collapse. .

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
Zapata Moya et al., 2015	Spain	2003-2012	2009-2011	Time Mean real GDP growth rate and change in low work intensity indicator	Three waves (2003-2004, 2006-2007, 2011-2012) of the Spanish National Health Survey (SNHS) and the 2009-2010 wave of the European Health Survey in Spain (EHS-S).	Logistic three-level analyses	Depression, diabetes, myocardial infarction and malignant tumors	Among women, depression increased by 12% in 2009 ($p<0.05$) and by 23% in 2011 ($p<0.001$) as compared to 2003. Among men there was a 13% increase in depression in 2011 ($p<0.10$). However, these effects disappeared after controlling for confounders. Second, in 2011 women and men are more likely to have diabetes than in 2006 (respectively OR_{women} = 1.14. $p<0.01$; OR_{men} =1.13, $p<0.05$) (*no effect size reported*). When introducing the macroeconomic context and change variables, these period effects are also no longer significant. The probability of being diagnosed with a myocardial infarction decreases for men from 2006 to 2011 (OR = 0.88, $p<0.10$) (*no effect size reported*) but the effect is no longer significant when introducing the macroeconomic context and change variables. The results are not significant for women.

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
								The probability of being diagnosed with a malignant tumor decreases for women from 2003 to 2011 (OR = 0.87, p<0.10) but the effect is no longer significant when introducing the macroeconomic context and change variables. The results are not significant for men,
Zavras et al., 2012	Greece	2006 and 2011	2011	Unemployment	Repeated national cross-sectional surveys conducted in 2006 (personal interviews) and 2011 (phone interviews).	Correlation analysis and logistic regressions	SRH	The overall prevalence of good and very good SRH in 2006 was 71.0%, whereas in 2011 people with good and very good SRH accounted for 68.8% (P< 0.05). Individuals with higher income [odds ratio (OR) 1.18], higher education (OR 1.48) and men (OR 1.31) have a higher probability of rating their health as good or very good. On the other hand, findings for age (OR 0.87) and existence of chronic disease (OR 0.18) indicate that older individuals and those suffering from a chronic disease have a lower probability of rating their health as good or very good.

Authors	Country	Time period	Crisis Period	Exposure	Data & population	Methods	Health outcomes	Results on the impact of the 2008 financial crisis (notes in italics)
								Although unemployment (OR 0.79) was marginally statistically significant (P=0.05, CI 0.63–0.99), this finding indicates that the unemployed were less likely to report good health.